

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">C9/116589</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	19							TOTAL IND.	19				
TOTAL DEP.		65						TOTAL DEP.		65			
TOTAL CLAIMS								TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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